

1 DANIEL E. LUNGREN, Attorney General
of the State of California
2 SANFORD H. FELDMAN,
Deputy Attorney General, State Bar No. 47775
3 Department of Justice
110 West A Street, Suite 1100
4 Post Office Box 85266
San Diego, California 92186-5266
5 Telephone: (619) 645-2079
6 Attorneys for Complainant

7
8 **BEFORE THE**
9 **DIVISION OF MEDICAL QUALITY**
10 **MEDICAL BOARD OF CALIFORNIA**
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

11 In the Matter of the Accusation) NO. 09-94-34380
Against:)
12)
CASSANDRA PERKINS, M.D.) DEFAULT DECISION
13 16787 Beach Boulevard)
Huntington Beach, CA 92647) [Gov. Code §11520]
14)
Physician's and Surgeon's)
15 Certificate No. C-41110)
16 Respondent.)
17

18 **FINDINGS OF FACT**

19 1. On or about April 3, 1997, Complainant Ron Joseph,
20 in his official capacity as Executive Director of the Medical
21 Board of California, Department of Consumer Affairs, State
22 of California ("Board"), filed Accusation No. 09-94-34380 against
23 Cassandra Perkins, M.D. ("respondent").

24 2. On February 6, 1985, the Board issued Physician's
25 and Surgeon's Certificate No. C-41110 to respondent. At all
26 times relevant herein, said Physician's and Surgeon's Certificate
27 was in full force and effect.

1 3. On or about April 3, 1997, Vicky Boone, an employee
2 of the Board, sent by certified mail a copy of Accusation
3 No. 09-94-34380, the Statement to Respondent, Government Code
4 sections 11507.5, 11507.6, and 11507.7, the Notice of Defense
5 form, and a Request for Discovery, to respondent's address of
6 record with the Board which was and is 16787 Beach Boulevard,
7 Huntington Beach, CA 92647. The U.S. Postal Service attempted
8 delivery on April 7, 14, and 22, 1997. On or about April 30,
9 1997, the aforementioned documents were returned to the Board
10 marked "Unclaimed" by the U.S. Postal Service. (Exhibit 1). On
11 or about May 14, 1997, Hattie Johnson, an employee of the Board,
12 sent by certified mail a copy of the aforementioned documents to
13 respondent at 22810 Alessandro Boulevard, Suite C, Moreno Valley,
14 CA 92553. On or about June 2, 1997, the return receipt card for
15 this mailing was returned signed indicating receipt of the
16 aforementioned documents. (Exhibit 2). The above-described
17 service was effective as a matter of law pursuant to the
18 provisions of California Government Code section 11505,
19 subdivision (c).

20 4. California Government Code section 11506 provides,
21 in pertinent part:

22 "(b) The respondent shall be entitled to a hearing on
23 the merits if he files a notice of defense, and any such
24 notice shall be deemed a specific denial of all parts of the
25 accusation not expressly admitted. Failure to file such
26 notice shall constitute a waiver of respondent's right to a
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1 hearing, but the agency in its discretion may nevertheless
2 grant a hearing. ..."

3 5. Respondent failed to file a Notice of Defense
4 within 15 days after service upon her of the Accusation and
5 therefore waived her right to a hearing on the merits of
6 Accusation No. 09-94-34380.

7 6. California Government Code section 11520 provides,
8 in pertinent part:

9 "(a) If the respondent fails to file a notice of
10 defense or to appear at the hearing, the agency may take
11 action based upon the respondent's express admissions or
12 upon other evidence and affidavits may be used as evidence
13 without any notice to respondent; ..."

14 7. The Division of Medical Quality, Medical Board of
15 California, Department of Consumer Affairs, is authorized to
16 revoke respondent's Physician's and Surgeon's Certificate
17 pursuant to the foregoing statutes and pursuant to the following
18 statutes of the California Business and Professions Code:

19 A. Section 2227 provides that the Board may
20 revoke, suspend for a period not to exceed one year, or
21 place on probation and order the payment of probation
22 monitoring costs, the license of any licensee who has been
23 found guilty under the Medical Practice Act.

24 B. Section 2234 provides that unprofessional
25 conduct includes, but is not limited to, the following:

26 "(a) Violating or attempting to violate, directly or
27 indirectly, or assisting in or abetting the violation

1 of, or conspiring to violate, any provision of this
2 chapter.

3 "(b) Gross negligence.

4 "(c) Repeated negligent acts.

5 "(d) Incompetence.

6 "(e) The commission of any act involving dishonesty or
7 corruption which is substantially related to the
8 qualifications, functions, or duties of a physician and
9 surgeon.

10 "(f) Any action or conduct which would have warranted
11 the denial of a certificate.

12 ". . . ."

13 C. Section 725 of the Code provides, in
14 pertinent part, that repeated acts of clearly excessive
15 prescribing or administering of drugs or treatment,
16 repeated acts of clearly excessive use of diagnostic
17 procedures, or repeated acts of clearly excessive use
18 of diagnostic or treatment facilities as determined by
19 the standard of the community of licensees is
20 unprofessional conduct for a physician and surgeon.

21 D. Section 810 of the Code, provides, in
22 pertinent part, that it shall constitute unprofessional
23 conduct to do any of the following in connection with
24 his professional activities: (1) knowingly present or
25 cause to be presented any false or fraudulent claim for
26 the payment of a loss under a contract of insurance;
27 or, (2) knowingly prepare, make, or subscribe any

1 writing, with intent to present or use the same, or to
2 allow it to be presented or used in support of any such
3 claim.

4 E. Section 2261 of the Code provides, in
5 pertinent part, that knowingly making or signing any
6 certificate or other document directly or indirectly
7 related to the practice of medicine which falsely
8 represents the existence or nonexistence of a state of
9 facts, constitutes unprofessional conduct.

10 F. Section 2262 of the Code provides, in
11 pertinent part, that altering or modifying the medical
12 record of any person, with fraudulent intent, or
13 creating any false medical record, with fraudulent
14 intent, constitutes unprofessional conduct.

15 8. Pursuant to its authority under Government Code
16 section 11520, the Division finds respondent is in default and
17 that he has waived his right to a hearing to contest the
18 allegations in Accusation No. 09-94-34380. The Division will
19 take action without further hearing and, based on respondent's
20 admissions by way of default and the evidence before it (Exhibits
21 3 - 8), the Division finds that the allegations, and each of
22 them, contained in Accusation No. 09-94-34380 are true.

23 DETERMINATION OF ISSUES

24 1. Respondent is subject to disciplinary action
25 pursuant to sections 725, 810, 2227, 2234, 2261, and 2262 of the
26 California Business and Professions Code, jointly and severally,
27 by reason of the Finding of Facts numbers 1 through 8, above.

1 2. Service of the Accusation and related documents
2 was proper and in accordance with the law.

3 3. The agency has jurisdiction to adjudicate this
4 case by default.

5 DECISION AND ORDER OF THE BOARD

6 Physician's and Surgeon's Certificate No. C-41110,
7 heretofore issued to respondent Cassandra Perkins, M.D., is
8 hereby revoked.

9 An effective date of August 14, 1997, has been
10 assigned to this Order.

11 Pursuant to California Government Code section 11520,
12 subdivision (b), respondent is entitled to make any showing by
13 way of mitigation; however, such showing must be made in writing
14 to the Medical Board of California, 1426 Howe Avenue, Suite 100,
15 Sacramento, CA 95825-3236, prior to the effective date of this
16 decision.

17 Made this 15th day of July, 1997.

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19
20 Anabel Anderson Imbert
21 ANABEL ANDERSON IMBERT, M.D.
22 FOR THE DIVISION OF MEDICAL QUALITY

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1 DANIEL E. LUNGREN, Attorney General
2 of the State of California
3 SANFORD FELDMAN,
4 Deputy Attorney General
5 Department of Justice
6 110 West A Street, Suite 1100
7 Post Office Box 85266
8 San Diego, California 92186-5266
9 Telephone: (619) 645-2079

10 Attorneys for Complainant

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO April 3 19 97
BY Debbie Boone ASSOCIATE

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BEFORE THE
DIVISION OF MEDICAL QUALITY
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

11 In the Matter of the Accusation) Case No. 09-94-34380
12 Against:)
13 CASSANDRA PAULA PERKINS, M.D.) A C C U S A T I O N
14 16787 Beach Boulevard)
15 Huntington Beach, CA 92647)
16 Physician's and Surgeon's)
17 Certificate No. C41110,)
18 Physician Assistant Supervisor)
19 License No. SA20998,)
20 Respondent.)
21)

22 The Complainant alleges:

23 PARTIES

24 1. Complainant, Ron Joseph, is the Executive Director
25 of the Medical Board of California (hereinafter the "Board") and
26 brings this accusation solely in his official capacity.

27 2. On or about February 6, 1985, Physician's and
Surgeon's Certificate No. C41110 was issued by the Board to
Cassandra Paula Perkins, M.D. (hereinafter "respondent"), and at
all times relevant to the charges brought herein, this license

1 has been in full force and effect. Unless renewed, it will
2 expire on August 31, 1997.

3 JURISDICTION

4 3. This accusation is brought before the Division of
5 Medical Quality of the Board (hereinafter the "Division"), under
6 the authority of the following sections of the California
7 Business and Professions Code (hereinafter "Code"):

8 A. Section 2227 provides that the Board may
9 revoke, suspend for a period not to exceed one year, or
10 place on probation and order the payment of probation
11 monitoring costs, the license of any licensee who has been
12 found guilty under the Medical Practice Act.

13 B. Section 2234 provides that unprofessional
14 conduct includes, but is not limited to, the following:

15 "(a) Violating or attempting to violate, directly or
16 indirectly, or assisting in or abetting the violation
17 of, or conspiring to violate, any provision of this
18 chapter. (b) Gross negligence.

19 (c) Repeated negligent acts.

20 (d) Incompetence.

21 (e) The commission of any act involving dishonesty or
22 corruption which is substantially related to the
23 qualifications, functions, or duties of a physician and
24 surgeon.

25 (f) Any action or conduct which would have warranted
26 the denial of a certificate."

27 ///

1 C. Section 725 of the Code provides, in
2 pertinent part, that repeated acts of clearly excessive
3 prescribing or administering of drugs or treatment, repeated
4 acts of clearly excessive use of diagnostic procedures, or
5 repeated acts of clearly excessive use of diagnostic or
6 treatment facilities as determined by the standard of the
7 community of licensees is unprofessional conduct for a
8 physician and surgeon.

9 D. Section 810 of the Code provides, in
10 pertinent part, that it shall constitute unprofessional
11 conduct to do any of the following in connection with his
12 professional activities: (1) knowingly present or cause to
13 be presented any false or fraudulent claim for the payment
14 of a loss under a contract of insurance; or, (2) knowingly
15 prepare, make, or subscribe any writing, with intent to
16 present or use the same, or to allow it to be presented or
17 used in support of any such claim.

18 E. Section 2261 of the Code provides, in
19 pertinent part, that knowingly making or signing any
20 certificate or other document directly or indirectly related
21 to the practice of medicine which falsely represents the
22 existence or nonexistence of a state of facts, constitutes
23 unprofessional conduct.

24 F. Section 2262 of the Code provides, in
25 pertinent part, that altering or modifying the medical
26 record of any person, with fraudulent intent, or creating
27 ///

1 any false medical record, with fraudulent intent,
2 constitutes unprofessional conduct.

3 G. Section 125.3 of the Code provides, in
4 pertinent part, that in any order issued in resolution of a
5 disciplinary proceeding before the board, the board may
6 request the administrative law judge to direct a licentiate
7 found to have committed a violation or violations of the
8 licensing act to pay a sum not to exceed the reasonable
9 costs of the investigation and enforcement of the case.

10 4. Section 16.01 of the 1996/1997 Budget Act of the
11 State of California provides, in pertinent part, that: (a) no
12 funds appropriated by this act may be expended to pay any Medi-
13 Cal claim for any service performed by a physician while that
14 physician's license is under suspension or revocation due to a
15 disciplinary action of the Medical Board of California; and,
16 (b) no funds appropriated by this act may be expended to pay
17 any Medi-Cal claim for any surgical service or other invasive
18 procedure performed on any Medi-Cal beneficiary by a physician
19 if that physician has been placed on probation due to a
20 disciplinary action of the Medical Board of California related
21 to the performance of that specific service or procedure on any
22 patient, except in any case where the board makes a determination
23 during its disciplinary process that there exist compelling
24 circumstances that warrant continued Medi-Cal reimbursement
25 during the probationary period.

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1 FIRST CAUSE FOR DISCIPLINE

2 (Patient Debra T.)

3 5. Respondent Cassandra Paula Perkins, M.D. is
4 subject to disciplinary action under Code sections 2234(b),
5 2234(c), 2234(d), 2234(e), 725, 810, 2261 and 2262 in connection
6 with her care and treatment of the patient Debra T. (hereinafter
7 "Debra") as set forth below.

8 A. On or about November 12, 1993, Debra, a then
9 38-year old female, went to respondent for the first time.
10 Debra's visit was for the purpose of obtaining a Pap test.

11 B. Even though she should have performed a PAP
12 test, respondent did not do so. Instead, she told Debra
13 that her heart rate was fast and she needed further
14 evaluation. Even though the only medically indicated tests
15 for this initial evaluation were an EKG, a complete blood
16 count, a thyroid test and a Lipid panel, respondent ordered
17 an EKG, a urine culture, a complete blood count, a chemistry
18 panel, and blood tests for female hormones, thyroid,
19 arthritis, mononucleosis, hepatitis, syphilis, AIDS,
20 cholesterol and Hemoglobin A1C. Even though not medically
21 indicated, respondent also ordered a Medi-Bar monitoring
22 test which was to be completed over several days.

23 C. The EKG showed a sinus tachycardia with a
24 rate of 100 and was otherwise unremarkable. The only
25 abnormalities revealed by these tests were elevated
26 cholesterol, elevated triglycerides, and elevated platelet
27 count.

1 D. After seven days of Medi-Bar monitoring,
2 Debra returned the monitor. She was told that the results
3 would be known in two weeks.

4 E. Despite numerous requests over the next
5 several weeks, respondent failed to provide Debra with the
6 results of her tests. Finally, after numerous telephone
7 calls, a person who would not identify themselves, told
8 Debra that the test results revealed she had a staph
9 infection of more than six months duration, she had water in
10 her urine, she had a elevated platelet count, and her heart
11 was not getting enough oxygen. The person providing the
12 information requested Debra return for another appointment,
13 but Debra declined.

14 F. For her services purportedly render between
15 November 1, 1993 and November 17, 1993, respondent billed
16 Debra's insurer, Blue Shield, at least \$2,345.00.

17 G. For the laboratory work ordered by respondent
18 in connection with the November 11, 1993 examination,
19 Debra's insurer, Blue Shield, was billed at least \$802.80.

20 H. For the Medi-Bar testing ordered by
21 respondent in connection with the November 11, 1993
22 examination, Debra's insurer, Blue Shield was billed at
23 least \$5,760.00.

24 I. With some difficulty, Debra husband obtained
25 a copy of Debra's medical records from respondent's office.
26 Subsequently, respondent sent a copy of Debra's medical
27 records to the Board. A comparison of the two sets of

1 records reveals those provided to the Board by respondent
2 were altered in the following way: check marks were added
3 in the A.C/BC RINNE and COLOR VSN or VIS FLD boxes; the
4 notation "fundiscopic examination" was added; initials were
5 added under the notation "Blood or Urine"; and, an arrow was
6 added under "CXR."

7 J. Respondent engaged in unprofessional conduct,
8 as defined in Code section 2234(b), in connection with her
9 care and treatment of Debra in that she was grossly
10 negligent. Said gross negligence included, but was not
11 limited to, the following:

12 (1) Respondent failed to perform a PAP test.

13 (2) Respondent, as part of a pattern or
14 practice, ordered and/or performed tests that were not
15 medically indicated.

16 (3) Respondent ordered an AIDS test without
17 Debra's written consent.

18 (4) Respondent altered Debra's medical
19 records.

20 K. Respondent engaged in unprofessional conduct,
21 as defined in Code section 2234(c), in connection with her
22 care and treatment of Debra in that she engaged in repeated
23 negligent acts. Said repeated negligent acts included, but
24 was not limited to, the following:

25 (1) Respondent failed to perform a PAP test.

26 (2) Respondent ordered and/or performed
27 tests that were not medically indicated.

1 (3) Respondent ordered an AIDS test without
2 Debra's written consent.

3 (4) Respondent altered Debra's medical
4 records.

5 L. Respondent engaged in unprofessional conduct,
6 as defined in Code section 2234(d), in connection with her
7 care and treatment of Debra in that she was incompetent.
8 Said incompetence included, but was not limited to, ordering
9 and/or performing a test used to monitor known diabetics and
10 evaluate their long term blood sugars even though Debra was
11 not diabetic.

12 M. Respondent engaged in unprofessional conduct,
13 as defined in Code section 2234(e), in connection with her
14 care and treatment of Debra in that she engaged in acts
15 involving dishonesty or corruption which were substantially
16 related to the qualifications, functions, or duties of a
17 physician and surgeon. Said dishonesty or corruption
18 included, but was not limited to, the following:

19 (1) Respondent ordered and/or performed
20 tests that were not medically indicated.

21 (2) Respondent billed Debra's insurer for
22 tests that were not medically indicated.

23 (3) Respondent ordered an AIDS test without
24 Debra's written consent.

25 (4) Respondent altered Debra's medical
26 records.

27 ///

1 (5) Respondent billed an excessive amount
2 for the treatment rendered to Debra.

3 N. Respondent engaged in unprofessional conduct,
4 as defined in Code section 725, in connection with the care
5 and treatment of Debra and the other patients identified in
6 this Accusation in that she engaged in repeated acts
7 of clearly excessive use of diagnostic procedures as
8 determined by the standard of the community of licensees.
9 Said acts included, but were not limited to, respondent's
10 acts of ordering and/or performing tests that were not
11 medically indicated.

12 O. Respondent engaged in unprofessional conduct,
13 as defined in Code section 810, in connection with her care
14 and treatment of Debra in that she knowingly presented or
15 caused to be presented false or fraudulent claim for the
16 payment of a loss under a contract of insurance, or
17 knowingly prepare, make, or subscribe any writing, with
18 intent to present or use the same, or to allow it to be
19 presented or used in support of any such claim. Said acts
20 included, but were not limited to, respondent's acts of
21 ordering and/or performing and then billing for tests that
22 was not medically indicated.

23 P. Respondent engaged in unprofessional conduct,
24 as defined in Code sections 2261 and 2262, in connection
25 with her care and treatment of Debra in that she knowingly
26 made or signed a certificate or other document directly or
27 indirectly related to the practice of medicine which falsely

1 represents the existence or nonexistence of a state of
2 facts, and she altered or modifying the medical record of
3 any person, with fraudulent intent, or creating any false
4 medical record, with fraudulent intent. Said acts included,
5 but were not limited to:

6 (1) Respondent submitted bills for services
7 that were not medically indicated.

8 (2) Respondent altered Debra's medical
9 records submitted to the Board.

10 SECOND CAUSE FOR DISCIPLINE

11 (Patient Carrie T.)

12 6. Respondent Cassandra Paula Perkins, M.D. is
13 subject to disciplinary action under Code sections 2234(b),
14 2234(c), 2234(d), 2234(e), 725, 810 and 2261 in connection with
15 her care and treatment of the patient Carrie T. (hereinafter
16 "Carrie") as set forth below.

17 A. On or about May 17, 1993, Carrie, a then
18 25-year old female, went to respondent for the first time.
19 Carrie went to respondent for a PAP test and a breast
20 examination. No abnormalities were noted during the
21 examination.

22 B. Carrie's next visit to respondent occurred
23 on or about May 25, 1993. The clinical notes state
24 "psychotherapy". No physical abnormalities were noted. Blood
25 was drawn and numerous blood test were performed including
26 many that were not medically indicated. Among the blood

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1 tests not medically indicated were female hormone tests,
2 certain arthritis tests and a Hemoglobin A1C test.

3 C. Carrie's next visit to respondent occurred on
4 or about May 27, 1993. Even though no breast mass was
5 indication in Carrie's chart, respondent performed a
6 mammogram. In addition, respondent performed a breast
7 ultrasound, a thyroid ultrasound, a thyroid color flow
8 ultrasound, a pelvic ultrasound, a pelvic color flow
9 ultrasound. There was no medical indication for the
10 mammogram or for each of the ultrasound. The mammogram and
11 each of the ultrasound proved normal. For the services
12 rendered on May 27, 1993, respondent submitted a \$5,360.00
13 bill to Carrie's insure, Mutual of Omaha.

14 D. Respondent last saw Carrie on or about June
15 3, 1993. During that visit, respondent first noted a neck
16 mass. The remainder of the examination was otherwise normal
17 except for an impression of hypertension and vaginitis
18 cervicitis.

19 E. In response to a request from the Medical
20 Board for the records of Carrie, respondent returned a
21 declaration stating she had no records.

22 F. Respondent engaged in unprofessional conduct,
23 as defined in Code section 2234(b), in connection with her
24 care and treatment of Carrie in that she was grossly
25 negligent. Said gross negligence included, but was not
26 limited to, as part of a pattern or practice, ordering
27 and/or performing tests that were not medically indicated.

1 G. Respondent engaged in unprofessional conduct,
2 as defined in Code section 2234(c), in connection with her
3 care and treatment of Carrie in that she engaged in repeated
4 negligent acts. Said repeated negligent acts included, but
5 were not limited to:

6 (1) Respondent ordered and/or performed
7 tests that were not medically indicated.

8 (2) Respondent lost Carrie's medical
9 records.

10 H. Respondent engaged in unprofessional conduct,
11 as defined in Code section 2234(d), in connection with her
12 care and treatment of Carrie in that she was incompetent.
13 Said incompetence included, but was not limited to, ordering
14 a test used to monitor known diabetics and evaluate their
15 long term blood sugars even though Carrie was not diabetic.

16 I. Respondent engaged in unprofessional conduct,
17 as defined in Code section 2234(e), in connection with her
18 care and treatment of Carrie in that she engaged in acts
19 involving dishonesty or corruption which were substantially
20 related to the qualifications, functions, or duties of a
21 physician and surgeon. Said dishonesty or corruption
22 included, but was not limited to, the following:

23 (1) Respondent ordered and/or performed
24 tests that were not medically indicated.

25 (2) Respondent billed Carrie's insurer for
26 tests that were not medically indicated.

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1 (3) Respondent billed an excessive amount
2 for the treatment rendered to Carrie.

3 J. Respondent engaged in unprofessional conduct,
4 as defined in Code section 725, in connection with the care
5 and treatment of Carrie and the other patients identified in
6 this Accusation in that she engaged in repeated acts of
7 clearly excessive use of diagnostic procedures as determined
8 by the standard of the community of licensees. Said acts
9 included, but were not limited to, respondent's acts of
10 ordering and/or performing tests that were not medically
11 indicated.

12 K. Respondent engaged in unprofessional conduct,
13 as defined in Code section 810, in connection with her care
14 and treatment of Carrie in that she knowingly presented or
15 caused to be presented false or fraudulent claim for the
16 payment of a loss under a contract of insurance, or
17 knowingly prepare, make, or subscribe any writing, with
18 intent to present or use the same, or to allow it to be
19 presented or used in support of any such claim. Said acts
20 included, but were not limited to, respondent's acts of
21 ordering and/or performing and then billing for testing that
22 was not medically indicated.

23 L. Respondent engaged in unprofessional conduct,
24 as defined in Code sections 2261, in connection with her
25 care and treatment of Carrie in that she knowingly made or
26 signed a certificate or other document directly or
27 indirectly related to the practice of medicine which falsely

1 represents the existence or nonexistence of a state of
2 facts. Said acts included, but were not limited to,
3 submitting bills for services that were not medically
4 indicated.

5 THIRD CAUSE FOR DISCIPLINE

6 (Patient Adriana T.)

7 7. Respondent Cassandra Paula Perkins, M.D. is
8 subject to disciplinary action under Code sections 2234(b),
9 2234(c), 2234(d), 2234(e), 725 and 2261 in connection with her
10 care and treatment of the patient Adriana T. (hereinafter
11 "Adriana") as set forth below.

12 A. Adriana is the daughter of Carrie (supra,
13 paragraph 6) and was a patient of respondent. At the times
14 relevant herein, she was a three year female with recurrent
15 fever and vomiting. She was later diagnosed as autistic.
16 The dates of her first and last examination by respondent
17 are unknown because respondent cannot locate her records.

18 B. Adriana was examined by respondent on or
19 about November 4, 1992. Blood was drawn and numerous blood
20 test were performed including many that were not medically
21 indicated. Among the blood test not medically indicated
22 were tests for bleeding problems as well as certain
23 arthritis tests and a Hemoglobin A1C test.

24 C. Adriana was seen by respondent on or about
25 December 2, 1992. During that examination, respondent
26 performed an aorta and retroperitoneal ultrasound, a liver
27 ultrasound, a splenic ultrasound, and a pancreatic

1 ultrasound. The impressions from the aorta and
2 retroperitoneal ultrasound were normal kidneys and
3 retroperitoneum and mild proximal dilatation of the aorta
4 with possible early ulceration of the mid-aorta. The
5 impressions from the remaining-ultrasound were normal.
6 There was no medical indication for each of these
7 ultrasounds.

8 D. Respondent engaged in unprofessional conduct,
9 as defined in Code section 2234(b), in connection with her
10 care and treatment of Adriana in that she was grossly
11 negligent. Said gross negligence included, but was not
12 limited to, as part of a pattern or practice, ordering
13 and/or performing tests that were not medically indicated.

14 E. Respondent engaged in unprofessional conduct,
15 as defined in Code section 2234(c), in connection with her
16 care and treatment of Adriana in that she engaged in
17 repeated negligent acts. Said repeated negligent acts
18 included, but were not limited to, ordering and/or
19 performing tests that were not medically indicated.

20 F. Respondent engaged in unprofessional conduct,
21 as defined in Code section 2234(d), in connection with her
22 care and treatment of Adriana in that she was incompetent.
23 Said incompetence included, but was not limited to, ordering
24 a test used to monitor known diabetics and evaluate their
25 long term blood sugars even though Carrie was not diabetic.

26 G. Respondent engaged in unprofessional conduct,
27 as defined in Code section 2234(e), in connection with her

1 care and treatment of Adriana in that she engaged in acts
2 involving dishonesty or corruption which were substantially
3 related to the qualifications, functions, or duties of a
4 physician and surgeon. Said dishonesty or corruption
5 included, but was not limited to:

6 (1) Respondent ordered and/or performed
7 tests that were not medically indicated.

8 (2) Respondent billed separately for
9 ultrasounds that should have been performed and billed
10 as one procedure.

11 (3) Respondent billed an excessive amount
12 for the treatment rendered to Carrie.

13 H. Respondent engaged in unprofessional conduct,
14 as defined in Code section 725, in connection with the care
15 and treatment of Adriana and the other patients identified
16 in this Accusation in that she engaged in repeated acts of
17 clearly excessive use of diagnostic procedures as determined
18 by the standard of the community of licensees. Said acts
19 included, but were not limited to, respondent's acts of
20 ordering and/or performing tests that were not medically
21 indicated.

22 I. Respondent engaged in unprofessional conduct,
23 as defined in Code sections 2261, in connection with her
24 care and treatment of Adriana in that she knowingly made or
25 signed certificate or other document directly or indirectly
26 related to the practice of medicine which falsely represents
27 the existence or nonexistence of a state of facts. Said

1 acts included, but were not limited to, submitting bills for
2 services that were not medically indicated.

3 **FOURTH CAUSE FOR DISCIPLINE**

4 (Patient Maria F.)

5 8. Respondent Cassandra Paula Perkins, M.D. is
6 subject to disciplinary action under Code sections 2234(b),
7 2234(c), 2234(d), 2234(e), 725, 810 and 2261 in connection with
8 her care and treatment of the patient Maria F. (hereinafter
9 "Maria") as set forth below.

10 A. Maria, a then 26 year old female, made an
11 appointment with respondent for an examination of July 27,
12 1993. Maria wanted a pap smear and pregnancy test. Maria
13 arrived at the scheduled time, but was not examined until
14 three hours later. The examination was performed by a
15 female other than respondent. The woman said she was
16 covering for respondent, but did not identify herself. She
17 did not answer when Maria asked her if she was a doctor.
18 After the examination and as she was leaving, Maria saw
19 respondent. She asked her when the test results would be
20 available. Respondent replied that Maria would be called on
21 July 31, 1993.

22 B. During the July 27, 1993 visit, a medical
23 history was taken, a pap smear was performed and urine and
24 blood samples were taken. No X-rays were taken and no
25 psychotherapy was rendered. In addition, gonorrheal and
26 chlamydia cultures were ordered, even though they were not
27 medically indicated.

1 C. Respondent billed Maria's insurer, American
2 Mutual Community Insurance Company, \$570.00 for the
3 examination on July 27, 1993. Included in the bill was a
4 charge of \$200.00 for "OP PSYCH THERAPY." In addition,
5 Maria's insurer was billed \$800.00 for "X-RAY, LAB-
6 DIAGNOSTIC ONLY" for testing purportedly done on July 27,
7 1993.

8 D. On August 3, 1993, after not having received
9 the test results as respondent had represented, Maria began
10 calling and writing to respondent's office in an attempt to
11 get the results. After repeated telephone requests, and
12 after written requests dated August 30, September 10 and
13 September 20, 1993, Maria, on November 3, 1993, received a
14 copy on her medical records from respondent. Many pages of
15 the records were illegible.

16 E. Respondent engaged in unprofessional conduct,
17 as defined in Code section 2234(b), in connection with her
18 care and treatment of Maria in that she was grossly
19 negligent. Said gross negligence included, but was not
20 limited to, as part of a pattern or practice, ordering
21 and/or performing tests that were not medically indicated.

22 F. Respondent engaged in unprofessional conduct,
23 as defined in Code section 2234(c), in connection with her
24 care and treatment of Maria in that she engaged in repeated
25 negligent acts. Said repeated negligent acts included, but
26 were not limited to:

27 ///

1 (1) Respondent ordered and/or performed
2 tests that were not medically indicated.

3 (2) Respondent failed to timely notify Maria
4 of her test results.

5 (3) Respondent failed to insure that Maria
6 was advised that she would be examined by another
7 physician and failing to insure that the physician
8 would identify herself to Maria.

9 G. Respondent engaged in unprofessional conduct,
10 as defined in Code section 2234(e), in connection with her
11 care and treatment of Maria in that she engaged in acts
12 involving dishonesty or corruption which were substantially
13 related to the qualifications, functions, or duties of a
14 physician and surgeon. Said dishonesty or corruption
15 included, but was not limited to, the following:

16 (1) Respondent ordered and/or performed
17 tests that were not medically indicated.

18 (2) Respondent billed Carrie's insurer for
19 tests that were not medically indicated.

20 (3) Respondent billed Carrie's insurer for
21 treatment that was not rendered.

22 (4) Respondent billed an excessive amount
23 for the treatment rendered to Maria.

24 H. Respondent engaged in unprofessional conduct,
25 as defined in Code section 725, in connection with her care
26 and treatment of Maria and the other patients identified in
27 this Accusation in that she engaged in repeated acts of

1 clearly excessive use of diagnostic procedures as determined
2 by the standard of the community of licensees. Said acts
3 included, but were not limited to, respondent's acts of
4 ordering and/or performing tests that were not medically
5 indicated.

6 I. Respondent engaged in unprofessional conduct,
7 as defined in Code section 810, in connection with her care
8 and treatment of Maria in that she knowingly presented or
9 caused to be presented false or fraudulent claim for the
10 payment of a loss under a contract of insurance, or
11 knowingly prepare, make, or subscribe any writing, with
12 intent to present or use the same, or to allow it to be
13 presented or used in support of any such claim. Said acts
14 included, but were not limited to, respondent's acts of
15 ordering and/or performing and then billing for tests that
16 were not medically indicated.

17 J. Respondent engaged in unprofessional conduct,
18 as defined in Code sections 2261, in connection with her
19 care and treatment of Adriana in that she knowingly made or
20 signed a certificate or other document directly or
21 indirectly related to the practice of medicine which falsely
22 represents the existence or nonexistence of a state of
23 facts. Said acts included, but were not limited to,
24 submitting bills for services that were not medically
25 indicated.

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1 PRAYER

2 WHEREFORE, the complainant requests that a hearing be
3 held on the matters herein alleged, and that following the
4 hearing, the Division issue a decision:


5 1. Revoking or suspending Physician's and Surgeon's
6 Certificate Number C41110, heretofore issued to respondent
7 Cassandra Paula Perkins, M.D.;

8 2. Revoking or suspending Physician Assistants
9 Supervisor License No. SA20998;

10 3. Ordering respondent to pay the Division the actual
11 and reasonable costs of the investigation and enforcement of this
12 case, and, if placed on probation, the costs of probation
13 monitoring;

14 4. Taking such other and further action as the
15 Division deems necessary and proper.

16 DATED: April 3, 1997.

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19 
20 Ron Joseph
21 Executive Director
22 Medical Board of California
23 Department of Consumer Affairs
24 State of California
25 Complainant
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